VERMONT HEALTH ACCESS
DENTAL OFFICE PATIENT RECORD DOCUMENTATION STANDARDS

The Department of Vermont Health Access (DVHA) provides standards as part of its Quality Improvement Program.

Federal requirements and guidelines can be viewed at the following websites: Social Security Act, § 1902(a)(27). State Plans for Medical Assistance. Retrieved April 4, 2012, http://www.ssa.gov/OP_Home/ssact/title19/1902.htm

Code of Federal Regulations, 42 C.F.R. § 431.107(b). Required provider agreement—Agreements. Retrieved April 4, 2012,http://www.ecfr.gov/cgi-bin/text-idx?type=simple;c=ecfr;cc=ecfr;sid=c224ecf3cfc5dc89105ba12cc3944045;idno=42;region=DIV1;q1=431.107;rgn=div8;view=text;node=42%3A4.0.1.1.2.3.10.2

U.S. Department of Health & Human Services, Office of Inspector General. (October 5, 2000). Notices. 65 Fed. Reg. 59434- 59435. Retrieved October 31, 2011 https://oig.hhs.gov/authorities/docs/physician.pdf

Code of Federal Regulations, 42 C.F.R. § 441.56(c)(2). Required activities. Retrieved May 7, 2012, http://www.ecfr.gov/cgi- bin/retrieveECFR?gp=&SID=a0d23b1e71752348b6e39e6af818a522&n=pt42.4.441&r=PART&ty=HTML#sp42.4.441.b

DENTAL PATIENT RECORD DOCUMENTATION – Patient name, Date of Birth, Identifiers and Date of patient encounter must appear on every page of the record.

At minimum, the documentation should include the following elements:

- The patient's subjective reason for the visit
- Specifics of findings on exam and tests including x-ray or other imaging approaches
- An assessment of the information that was gathered
- The plan for implementation
- If treatment is provided, the notes should be specific and clear
- The condition of the patient upon discharge from the office
- Any future procedures or treatments should be noted, for example what is included in the long term goals and treatment plan
- The individual providing the care needs to sign and date the note

The notes must be legible and understood by someone other than the person who wrote them.
The specific disease being treated must also be associated directly to the treatment rendered. This is where the interface between diagnosis codes (ICD-9 or ICD-10) and procedure codes (CDT) will need to be documented upon the submission for payment.

A major part of the process would be to produce a patient chart that documents the Dental/Medical Necessity for all procedures performed. Under Federal Medicaid regulations, medical necessity covers "dental care at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health." See https://oig.hhs.gov/authorities/docs/physician.pdf.